

**Return of Organization Exempt From Income Tax****2010**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2010 calendar year, or tax year beginning****, 2010, and ending****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Dolores C. Huerta Foundation  
 PO Box 9189  
 Bakersfield, CA 93389

**D** Employer identification number

91-2145992

**E** Telephone number

661-322-3033

**G** Gross receipts \$

983,091.

**F** Name and address of principal officer

Same As C Above

**H(a)** Is this a group return for affiliates?☐ Yes ☒ No**H(b)** Are all affiliates included?☐ Yes ☒ No

If 'No,' attach a list (see instructions)

**I** Tax-exempt status☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ [www.Doloreshuerta.org](http://www.Doloreshuerta.org)**H(c)** Group exemption number ▶**K** Form of organization☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation

2001

**M** State of legal domicile

CA

**Part I Summary**

Activities & Governance		Prior Year	Current Year
1	Briefly describe the organization's mission or most significant activities <u>To inspire and motivate people to organize sustainable communities to attain social justice.</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	19
6	Total number of volunteers (estimate if necessary)	6	1,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
<b>Revenue</b>			
8	Contributions and grants (Part VIII, line 1h)	1,210,922.	503,079.
9	Program service revenue (Part VIII, line 2g)	88,299.	104,286.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,996.	1,691.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e)	32,710.	173,056.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,336,927.	782,112.
<b>Expenses</b>			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,000.	3,050.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	591,001.	656,644.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (B), line 25) ▶ 92,046.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	270,107.	363,278.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	863,108.	1,022,972.
19	Revenue less expenses Subtract line 18 from line 12	473,819.	-240,860.
<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	627,268.	67,754.
21	Total liabilities (Part X, line 26)	18,355.	21,973.
22	Net assets or fund balances Subtract line 21 from line 20	608,913.	45,781.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <u>Dolores C. Huerta</u>	Date <u>11/14/2011</u>
	Type or print name and title <u>President</u>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature <u>D. Chris Kollaja</u>	Date <u>11/14/11</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>N/A</u>
	Firm's name ▶ <u>A.L. Nella and Company, LLP</u>				
	Firm's address ▶ <u>1390 Market St., Suite 1004</u> <u>San Francisco, CA 94102</u>	Firm's EIN ▶ <u>N/A</u> Phone no <u>(415) 621-2424</u>			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

TEEA0113L 12/21/10

Form 990 (2010)

SCANNED DEC 15 2011

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**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

☒

- 1**
- Briefly describe the organization's mission:

To inspire and motivate people to organize sustainable communities to attain social justice.

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these new services on Schedule O

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these changes on Schedule O

- 4**
- Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: 42-2000) (Expenses \$ 458,283. including grants of \$                     ) (Revenue \$ 60,352.)  
See Schedule O

**4b** (Code: 42-2000) (Expenses \$ 138,579. including grants of \$ 2,050.) (Revenue \$ 177,714.)

Public Education: Dolores Huerta (DHF President) recorded three PSA's and participated in approximately 20 television and radio interviews promoting Census participation in hard to reach communities. DHF staff hosted 15 community presentations regarding the Census and trained 200 volunteers in Kern and Tulare Counties for Census outreach. In one day, volunteers knocked on over 3,000 doors. Approximately 1,000 households received assistance with their Census forms over the course of the outreach program.

In conjunction with the 80th Birthday Party in Los Angeles, the DHF made an outreach to communities beyond the Central Valley to promote community organizing efforts and to weave the movement together.

**4c** (Code: 42-2000) (Expenses \$ 83,814. including grants of \$ 1,000.) (Revenue \$ 3,122.)

Youth Group: Continued the Youth Group - continued weekly Youth Leadership Programs and Daughters of Tradition meetings; organized separate youth and parent summits and provided teen pregnancy prevention workshops; painted community mural; organized camping trips and outdoor youth program activities; provided free guitar lessons; hosted high school exchange students from Harlem; and organized benefit for Haitian earthquake victims.

**4d** Other program services (Describe in Schedule O) See Schedule O

(Expenses \$ 52,325. including grants of \$                     ) (Revenue \$ 46,121.)

**4e** Total program service expenses 733,001.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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Form 990 (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1 a</b> 32		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1 b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1 c</b>	X	
<b>2 a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2 a</b> 19		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2 b</b>	X	
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3 a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	<b>3 b</b>		
<b>4 a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4 a</b>		X
<b>b</b> If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5 a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5 b</b>		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<b>5 c</b>		
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6 a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6 b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7 a</b>		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7 b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7 c</b>		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.	<b>7 d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7 e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7 f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7 g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7 h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9 a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9 b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10 a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10 b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders.	<b>11 a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11 b</b>		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12 a</b>		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	<b>12 b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13 a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13 b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13 c</b>		
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14 a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	<b>14 b</b>		

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	16	
b Enter the number of voting members included in line 1a, above, who are independent	16	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? See Schedule O	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? See Sch O	X	
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official See Schedule O	X	
b Other officers of key employees of the organization See Schedule O	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 ▶ Camila Chavez PO Box 9189 Bakersfield CA 93389 (661) 322-3033

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Federico Chavez Board Member	0.25							0.	0.	0.
(2) Angela Cabrera R.N. Board Member	0.5	X						0.	0.	0.
(3) Jamila Guerrero Cantor Board Member	12	X						0.	0.	0.
(4) Barbara Carrasco Board Member	0.5	X						0.	0.	0.
(5) Juanita Chavez Board Member	0.75	X						0.	0.	0.
(6) Richard Chavez Board Member	2.5	X						0.	0.	0.
(7) John X. Fernandez, Jr. Board Member	0.25	X						0.	0.	0.
(8) Danene Aguilar Board Member	0.25	X						0.	0.	0.
(9) Cruz Phillips Board member	0.5	X						0.	0.	0.
(10) Dr. Fidel Huerta Board Member	0.5	X						0.	0.	0.
(11) Paul Schrade Board Member	0.25	X						0.	0.	0.
(12) Martin Sheen Board member	0.25	X						0.	0.	0.
(13) Rev. Deacon Sal Alvarez Vice Chair	20			X				0.	0.	0.
(14) Alicia Arong Treasurer	5			X				0.	0.	0.
(15) Helen Hernandez Secretary	0.25			X				0.	0.	0.
(16) Dolores Huerta President/Chair	60			X				0.	0.	0.
(17) _____										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
(26) _____										
(27) _____										
(28) _____										
(29) _____										
<b>1 b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes' complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
None ,		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 277,786.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 225,293.				
	<b>g</b> Noncash contributions included in lns 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f		503,079.			
<b>PROGRAM SERVICE REVENUE</b>	<b>2a</b> Public speaking fees	Business Code	99,100.	99,100.		
	<b>b</b> Vecinos & Organizing Inst		5,186.	5,186.		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		104,286.			
	<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)		1,691.		
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>6a</b> Gross Rents		(i) Real (ii) Personal				
<b>b</b> Less: rental expenses						
<b>c</b> Rental income or (loss)						
<b>d</b> Net rental income or (loss)						
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses						
<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ 277,786. of contributions reported on line 1c) See Part IV, line 18		<b>a</b> 32,333.				
<b>b</b> Less: direct expenses		<b>b</b> 188,634.				
<b>c</b> Net income or (loss) from fundraising events			-156,301.			-156,301.
<b>9a</b> Gross income from gaming activities See Part IV, line 19		<b>a</b>				
<b>b</b> Less: direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>a</b> 12,565.				
<b>b</b> Less: cost of goods sold	<b>b</b> 12,345.					
<b>c</b> Net income or (loss) from sales of inventory		220.			220.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> RestrctnRelease-P/YGrants		322,272.	322,272.			
<b>b</b> Reimb. from co-sponsors		6,865.	6,865.			
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		329,137.				
<b>12 Total revenue.</b> See instructions		782,112.	433,423.	0.	-154,390.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,050.	3,050.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	572,691.	397,864.	122,416.	52,411.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	35,939.	22,267.	11,326.	2,346.
10 Payroll taxes	48,014.	35,446.	7,652.	4,916.
11 Fees for services (non-employees):				
a Management				
b Legal	5,129.	338.	4,329.	462.
c Accounting	38,079.	23,251.	9,733.	5,095.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	56,099.	50,219.	2,145.	3,735.
12 Advertising and promotion	720.	720.		
13 Office expenses				
14 Information technology	512.	200.	312.	
15 Royalties				
16 Occupancy	53,537.	40,610.	8,523.	4,404.
17 Travel	87,969.	77,922.	4,590.	5,457.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,800.	2,989.	1,534.	277.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,660.		2,660.	
23 Insurance	6,357.	3,685.	2,672.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Telephone	17,448.	13,894.	3,554.	
b Program materials and supplies	15,984.	15,589.	395.	
c Printing and Publications	13,251.	8,524.	1,752.	2,975.
d Cell phone reimbursement	8,900.	8,300.		600.
e Postage and Shipping	8,780.	6,320.	1,703.	757.
f All other expenses	43,053.	21,813.	12,629.	8,611.
25 Total functional expenses. Add lines 1 through 24f	1,022,972.	733,001.	197,925.	92,046.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash – non-interest-bearing	10,927.	1	
	2 Savings and temporary cash investments	254,154.	2	23,568.
	3 Pledges and grants receivable, net		3	28,500.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	4,851.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,316.		
	b Less accumulated depreciation	10b 10,481.	8,362.	10c 10,835.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	353,825.	15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	627,268.	16	67,754.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses		17	3,037.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	18,355.	25	18,936.
	26 <b>Total liabilities.</b> Add lines 17 through 25	18,355.	26	21,973.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets	249,163.	27	-24,803.
	28 Temporarily restricted net assets	359,750.	28	70,584.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	608,913.	33	45,781.
	34 <b>Total liabilities and net assets/fund balances</b>	627,268.	34	67,754.

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Form 990 (2010)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	782,112.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,022,972.
3	Revenue less expenses Subtract line 2 from line 1	3	-240,860.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	608,913.
5	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	5	-322,272.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	45,781.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

☐

- 1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

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Form 990 (2010)

**SCHEDULE A.**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

Dolores C. Huerta Foundation

Employer identification number

91-2145992

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☐ Type I
  - b ☐ Type II
  - c ☐ Type III – Functionally integrated
  - d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	513,024.	427,320.	621,831.	1,210,922.	479,765.	3,252,862.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 <b>Total.</b> Add lines 1 through 3	513,024.	427,320.	621,831.	1,210,922.	479,765.	3,252,862.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						71,967.
6 <b>Public support.</b> Subtract line 5 from line 4						3,180,895.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	513,024.	427,320.	621,831.	1,210,922.	479,765.	3,252,862.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,050.	3,062.	1,121.	4,996.	1,691.	13,920.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) See Part IV			32,242.	133,018.	143,484.	308,744.
11 <b>Total support.</b> Add lines 7 through 10						3,575,526.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	89.0 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	93.6 %

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒b **33-1/3% support test – 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐17a **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ ☐b **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ ☐18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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Schedule A (Form 990 or 990-EZ) 2010

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐b **33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).**Additional Explanation of Other Income**

Expense reimbursements in 2010 of \$6,865 (\$15,595 in 2009 and \$20,620 in 2008) were received from other organizations for their share of costs incurred in working with the Foundation on joint projects.

Special event income of \$7,070 (not including sponsors and donations) in 2010 is from ticket sales and incidental amounts received for a 2010 event celebrating the 80th birthday of the Founder of DHF. Fund raiser income of \$25,263 in 2010 (\$29,124 in 2009 and \$11,622 for 2008) is from the annual Golf Tournament fund raising event and Viva la Causa event, and includes players' registration fees for the event.

Program income is \$5,186 (\$20,972 in 2009) of funds dedicated to support specific programs.

Public speaking/presentation fees are \$99,100 (\$67,327 in 2009) of honorariums received by the organization for lectures and presentations during the year as a part of their public education function.



Client HUERTADO

Dolores C. Huerta Foundation

91-2145992

## Part II, Line 10 - Other Income

Nature and Source	2010	2009	2008	2007	2006
Reimbursement of shared costs-programs	6,865.	15,595.	20,620.		
Special events (net of contributions)	31,778.	29,124.	11,622.		
Program income	5,186.	20,972.			
Public education	99,100.	67,327.			
Reimbursement of costs-special event	555.				
Total	<u>\$ 143,484.</u>	<u>\$ 133,018.</u>	<u>\$ 32,242.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► **Complete if the organization is described below.**

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization

Employer identification number

Dolores C. Huerta Foundation

91-2145992

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If 'Yes,' describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_ ☐ Yes ☐ No
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply

**Limits on Lobbying Expenditures**  
 (The term 'expenditures' means amounts paid or incurred.)

<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)	77.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	476.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	553.	0.												
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	553.	0.												
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	111.													
<table><tr><th>If the amount on line 1e, column (a) or (b) is</th><th>The lobbying nontaxable amount is.</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>			If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is.	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is.													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	28.	0.												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-	49.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-	442.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
<div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>														

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying non-taxable amount		112,478.	102,389.	111.	214,978.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					322,467.
<b>c</b> Total lobbying expenditures		10,969.	3,718.	553.	15,240.
<b>d</b> Grassroots nontaxable amount		28,120.	25,597.	28.	53,745.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					80,618.
<b>f</b> Grassroots lobbying expenditures		10,969.	3,718.	77.	14,764.

BAA

Schedule C (Form 990 or 990-EZ) 2010

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**Additional Information**

The Foundation spent a minimal dollar amount on supplies and reimbursement of travel costs for successful and effective lobbying efforts in connection with healthcare reform and pesticide exposure issues for farmworkers.

**Part IV** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

- ▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

**2010****Open to Public Inspection**

Name of the organization

Employer identification number

Dolores C. Huerta Foundation

91-2145992

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- |  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space  |  |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- |  |            |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X             | ▶ \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- |  |            |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X              | ▶ \$ _____ |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		20,717.	10,311.	10,406.
e Other		599.	170.	429.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				10,835.

BAA

Schedule D (Form 990) 2010

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Accrued vacation leave	18,936.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	
	18,936.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)



<b>Part X)</b>	<b>Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>
----------------	---

N/A

- 1 Total revenue (Form 990, Part VIII, column (A), line 12)
- 2 Total expenses (Form 990, Part IX, column (A), line 25)
- 3 Excess or (deficit) for the year Subtract line 2 from line 1
- 4 Net unrealized gains (losses) on investments
- 5 Donated services and use of facilities
- 6 Investment expenses
- 7 Prior period adjustments
- 8 Other (Describe in Part XIV)
- 9 Total adjustments (net) Add lines 4 through 8
- 10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9

<b>Part XII</b>	<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>	<b>N/A</b>
-----------------	---	------------

N/A

- 1** Total revenue, gains, and other support per audited financial statements.
- 2** Amounts included on line 1 but not on Form 990, Part VIII, line 12
  - a** Net unrealized gains on investments
  - b** Donated services and use of facilities
  - c** Recoveries of prior year grants
  - d** Other (Describe in Part XIV)
  - e** Add lines **2a** through **2d**
- 3** Subtract line **2e** from line **1**
- 4** Amounts included on Form 990, Part VIII, line 12, but not on line **1**
  - a** Investments expenses not included on Form 990, Part VIII, line 7b
  - b** Other (Describe in Part XIV)
  - c** Add lines **4a** and **4b**
- 5** Total revenue. Add lines **3** and **4c**. (This must equal Form 990, Part I, line 12.)

**2a**

**2b**

**2c**

2d

1

**2e**

**3**

4a

4b

**4c**

**5**

<b>Part XIII</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>
------------------	---

N/A

- 1** Total expenses and losses per audited financial statements
- 2** Amounts included on line 1 but not on Form 990, Part IX, line 25:
  - a** Donated services and use of facilities
  - b** Prior year adjustments
  - c** Other losses
  - d** Other (Describe in Part XIV )
- e** Add lines **2a** through **2d**
- 3** Subtract line **2e** from line **1**
- 4** Amounts included on Form 990, Part IX, line 25, but not on line **1**:
  - a** Investments expenses not included on Form 990, Part VIII, line 7b
  - b** Other (Describe in Part XIV )
- c** Add lines **4a** and **4b**
- 5** Total expenses. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 18 )*

2a

2b

2c

2d

1

2e

3

4a

4b

**4c**

5

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

<b>Part XIV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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This image shows a full page of primary-ruled paper. It features multiple sets of horizontal dashed lines, each set consisting of three lines (top solid, middle dashed, bottom solid). The entire page is filled with these repeating patterns, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18,  
or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

Dolores C. Huerta Foundation

Employer identification number

91-2145992

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants  
b ☒ Internet and email solicitations f ☐ Solicitation of government grants  
c ☒ Phone solicitations g ☒ Special fundraising events  
d ☒ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

CA

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 80th Birthday (event type)	(b) Event #2 2010 Golf Tour (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	284,856.	25,263.		310,119.
	2 Less Charitable contributions	277,786.			277,786.
	3 Gross income (line 1 minus line 2)	7,070.	25,263.		32,333.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes		114.		114.
	6 Rent/facility costs	156,285.	7,766.		164,051.
	7 Food and beverages				
	8 Entertainment	515.	91.		606.
	9 Other direct expenses	22,156.	1,707.		23,863.
	10 Direct expense summary Add lines 4- through 9 in column (d)				188,634.
	11 Net income summary. Combine line 3, column (d), and line 10				-156,301.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If 'No,' explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If 'Yes,' explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a %

b An outside facility

13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

Dolores C. Huerta Foundation

Employer identification number

91-2145992

**Sched.B Policies, Item 13-Whistleblower**

The Organization has a Whistleblower Policy posted in areas accessible and commonly  
used by all employees and included in its employee policy handbook.

**Sched.B Policies-Item 13-Records Reten.**

The organization has a policy on record retention in its Policies and Procedures.

The Board periodically reviews and updates its existing policies as needed.

**Compensation-Board Members, Key Employee**

None of the board members are compensated for their services. The salary paid to  
Camila Chavez, who is the Foundation's key employee on the basis of responsibility,  
is \$44,120, an amount substantially less than the \$150,000 per year threshold that  
requires reporting on Part VII, Schedule A.

**Form 990, Part III, Line 4a - Program Service Accomplishments**

This year Dolores Huerta Foundation (DHF) continued to work towards policy and  
systems changes in Kern and Tulare Counties. DHF provided ongoing support to the  
Vecinos Unidos (United Neighbors) to develop and implement neighborhood-level  
strategic action plans addressing issues of economic disparities in housing,  
education, health and environment. Fourteen new neighborhood committees were  
established in Woodlake and Cutler-Orosi and had 41 combined committee meetings. In  
Lindsay, DHF started a House Meeting campaign and conducted 42 personal visits and 22  
house meetings.

Hundreds of residents participated in comprehensive neighborhood evaluations and  
identified infrastructure priorities such as street repairs, broken street lights,  
increased sewer access, and increased recreational services.

DHF's Vecinos Unidos successfully advocated for the construction of a new park and

Name of the organization

Dolores C. Huerta Foundation

Employer identification number

91-2145992

**Form 990, Part III, Line 4a - Program Service Accomplishments**

street light repairs. In Tulare County, residents participated in community forums, surveys and Board of Supervisors meetings to ensure residential input on county wide development plans. Residents helped establish an advisory committee of residents from unincorporated communities in Tulare County.

**Form 990, Part III, Line 4d - Other Program Services Description**

Micro lending Program: Empresarios Comunitarios Micro-lending Program - six low income entrepreneurs who lack access to traditional forms of credit received business training, technical assistance and small business loans. DHF achieved 100% loan repayment from the first group of borrowers of the pilot program. Provided free tax preparation assistance.

Organizing Institute: Community leadership trainings focused on forming neighborhood comités and having leaders self-identify through their volunteer participation in neighborhood evaluations, Census outreach, and voter education projects.

Continued hands on leadership trainings for Neighborhood Committee leaders.

Trainings focused on public speaking, planning, facilitation, media, and advocacy.

Trained organizers how to work on local, regional and national level issues.

Other programs - Arts Council, CRLA (assisting with arranging legal aid), HOME

(assisting elders) and SSB program - outreach into underserved communities,

assisting with communication and housing problems. Special focuses this year

included: Sugary drink initiative - DHF formed a task force to develop a plan on

educating the public regarding the dangers of sugary drinks, training parents on

school wellness policies, and developing an organizational wellness policy and

encouraging other agencies to sign on. Senior Group - formed a new group of Senior

Name of the organization

Dolores C. Huerta Foundation

Employer identification number

91-2145992

**Form 990, Part III, Line 4d - Other Program Services Description**

citizens working to address recreation, health access, and transportation for seniors in South Kern. Civic Participation - DHF provided forums for discussion of Health Care Reform and "The Farmworker Health Act" AB1963 to protect farmworkers from pesticide poisoning before it occurs, leading to workplace safety improvements, ensuring long term protections to farm workers and their families.

Daughters of Tradition Program: Native American curriculum focuses on respect and making healthy decisions. Continued to provide weekly classes for young women 12-16.

Community Organizers: Dolores Huerta Foundation hosted monthly community forums in six targeted communities: presentation topics included immigrant rights, heat stress, candidate forums, education, and water rights.

**Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.**

ALL BOARD MEMBERS MEET THE THREE QUALIFICATIONS TO BE INDEPENDENT VOTING MEMBERS.

Dolores Huerta and Alicia Arong are sisters. Angela Cabrera, Juanita Chavez, Fidel Huerta, and Camila Chavez are the children of Dolores Huerta. Richard Chavez is the father of Juanita Chavez, Camila Chavez and Federico Chavez. Danene Aguilar is the granddaughter of Dolores Huerta.

**Form 990, Part VI, Line 5 - Description of Material Diversion of Assets**

Explanation of theft by fraudulent use of a stolen or counterfeit debit card - In June 2010 it was brought to the Foundation's attention that \$13,162.87 of credit card charges or purchases from Buy Buy Baby and Bed, Bath and Beyond were applied to the Dolores Huerta Foundation (DHF) debit card between the dates April 16, 2010 through May 24, 2010. DHF Executive Director, Camila Chavez, filed a report with Community Trust Credit Union (CTCU) as well as the Bakersfield Police Department.



Name of the organization

Dolores C. Huerta Foundation

Employer identification number

91-2145992

**Form 990, Part VI, Line 5 - Description of Material Diversion of Assets (continued)**

The full amount of the loss was recovered and restored to DHF's CTCU account by July 8, 2010. Because the DHF funds were returned, the case was turned over to Bed, Bath and Beyond and Buy Buy Baby to find the culprit and collect their due funds.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

Draft copies of Form 990 with all statements and related state reports are provided to the board and organization's attorney for review. Board members are given time to review, inquire and resolve any questions and reply with approval prior to filing.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

The Conflict of Interest Policy is provided to all employees as part of the employee hand book and is maintained in the employee policy manual. A copy of the policy is also provided to Board Members. The organization has instituted an annual questionnaire for Board Members and employees regarding to complete and sign to disclose any potential conflicts of interest. The Board is reviewing its current written Conflict of Interest Policy as a part of an overall review of organizational policies in consultation with the organization's counsel.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment**

The CEO is an unpaid position. Counsel assessed Executive Director's (the key employee) compensation; the Board reviewed and discussed same. All compensated staff are paid below FMV for comparable positions.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees**

Counsel assessed Executive Director's (the key employee) compensation; the Board reviewed and discussed same. All compensated staff are paid below FMV for comparable positions.

Name of the organization

Dolores C. Huerta Foundation

Employer identification number

91-2145992

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

The organization's annual return is available by written request from the offices of the organization. It is also available on line through the Guidestar system.

2010

Schedule O - Supplemental Information

Page 4

Client HUERTADO

Dolores C. Huerta Foundation

91-2145992

Form 990, Part XI, Line 5

Other Changes in Net Assets or Fund Balances

Offset to prior year grants restriction released in year

Total \$ -322,272.  
\$ -322,272.

Client HUERTADO

Dolores C. Huerta Foundation

91-2145992

**Contributions, Gifts, and Grants**  
**Other contributions, gifts, grants, etc.**

Individuals' donations and grants	\$	9,730.
Corporations and foundations grants		149,893.
Corporate donations		18,335.
Special appeals at events		3,144.
Miscellaneous		85.
Grants received for specified programs		11,000.
Temporarily restricted grants-future use		15,606.
Temporarily restricted grant-CRLA future use		17,500.
<b>Total</b>	<b>\$</b>	<b><u>225,293.</u></b>

**Fundraising and Gaming**  
**Other direct expenses**  
**2010 Golf Tournament**

Postage	\$	88.
Printing / advertising		895.
Professional fees		475.
Supplies		83.
Mileage for staff		166.
<b>Total</b>	<b>\$</b>	<b><u>1,707.</u></b>

**Fundraising and Gaming**  
**Gross receipts**  
**80th Birthday Event**

Tickets	\$	6,515.
<del>Expense reimbursements or refunds</del>		<del>555.</del>
Individual donations		1,200.
Donations at event		276,586.
<b>Total</b>	<b>\$</b>	<b><u>284,856.</u></b>

**Fundraising and Gaming**  
**Contributions (included in gross receipts)**  
**80th Birthday Event**

Individual donations	\$	1,200.
Sponsors for event and donations		276,586.
<b>Total</b>	<b>\$</b>	<b><u>277,786.</u></b>

**Code Note**

Workers comp insurance-Organizing Institute	\$	27.
Payroll-Organizing Institute		12,423.
Payroll taxes-Organizing Institute		1,309.
Health insurance-Organizing Institute		-437.
Postage-Organizing Institute		419.
Printing-Organizing Institute		70.
Rent-Organizing Institute		2,928.
Travel-Organizing Institute		6,066.
<b>Total</b>	<b>\$</b>	<b><u>22,805.</u></b>

Client HUERTADO

Dolores C. Huerta Foundation

91-2145992

**Code Note**

Bank service charges-Public Education program	\$	15.
Cell phone costs-Public Education program		797.
Telephone costs-Public Education program		1,479.
Dues and subscriptions-Public Education program		36.
Travel costs-Public Education program		22,909.
Prizes and awards-Public Education program		159.
Workers comp insurance-Public Education program		525.
Miscellaneous-Public Education program		631.
Office supplies-Public Education program		602.
Payroll-Public Education program		56,581.
Payroll taxes-Public Education program		4,914.
Benefits-Public Education program		4,630.
Postage-Public Education program		702.
Printing and copying-Public Education program		1,034.
Outside services-Public Education program		36,814.
Program / event expenses-Public Education program		605.
Rent-Public Education program		4,096.
Grants/donations to qualifying orgs.-Public Education progra		2,050.
Total	\$	<u>138,579.</u>

**Code Note**

H.E.A.R.T.S. Connection Grants-Public Education Program	\$	100.
Kern Regional Center Foundation Grants-Public Education Prog		500.
Mexican American Opportunity Foundation Grants-Public Educat		450.
Miguel Contreras Foundation Grants-Public Education Program		1,000.
Total	\$	<u>2,050.</u>

**Code Note**

Honoraria for public speaking Grants-Public Education Progra	\$	99,100.
Individual donations Grants-Public Education Program		-50.
Expense reimbursements for Public Education Program		6,865.
Grants for Public Education Program		71,799.
Total	\$	<u>177,714.</u>

**Code Note**

Bank charges-Youth Groups	\$	10.
Cel phone costs-Youth Groups		675.
Telephone costs-Youth Groups		3,994.
Prizes and awards-Youth Groups		569.
Insurance-Youth Groups		2,489.
Workers compensation insurance-Youth Groups		509.
Permits-Youth Groups		180.
Miscellaneous-Youth Groups		439.
Office supplies-Youth Groups		1,697.
Payroll-Youth Groups		27,577.
Payroll taxes-Youth Groups		2,587.
Training and retreats-Youth Groups		498.
Postage-Youth Groups		1,363.
Printing and copying-Youth Groups		2,392.
Accounting-Youth Groups		3,136.

Client HUERTADO

Dolores C. Huerta Foundation

91-2145992

**Code Note (continued)**

Outside services-Youth Groups	\$	3,355.
Legal fees-Youth Groups		175.
Tech support-Youth Groups		200.
Program expenses-Youth Groups		7,283.
Rent-Youth Groups		8,730.
Travel, car rental, mileage and meals-Youth Groups		14,920.
Utilities-Youth Groups		36.
Grants to other qualifying orgs.-Youth Groups		1,000.
Total	\$	<u>83,814.</u>

**Code Note**

Doctors Without Borders-Youth Groups		1,000.
Total	\$	<u>1,000.</u>

**Code Note**

Contributions Revenues-Youth Group	\$	103.
Fundraisers Revenues-Youth Group		1,819.
Grants received-Youth Group		1,200.
Total	\$	<u>3,122.</u>

**Code Note**

Advertising and publicity-Vecinos Unidos	\$	578.
Bank service charges-Vecinos Unidos		109.
Cel phone costs-Vecinos Unidos		7,471.
Internet costs-Vecinos Unidos		4,031.
Telephone-Vecinos Unidos		8,421.
Dues-Vecinos Unidos		26.
Meals-Vecinos Unidos		13.
Rentals-Vecinos Unidos		30.
Awards-Vecinos Unidos		82.
Insurance-Vecinos Unidos		1,196.
Workers comp insurance-Vecinos Unidos		3,423.
Supplies/misc-Vecinos Unidos		422.
Office supplies-Vecinos Unidos		3,248.
Supplies purchased-Vecinos Unidos		2,098.
Payroll expenses-Vecinos Unidos		285,631.
Payroll taxes-Vecinos Unidos		24,831.
Benefits-Vecinos Unidos		16,584.
Retreats and training-Vecinos Unidos		2,413.
Postage-Vecinos Unidos		3,706.
Printing and copying-Vecinos Unidos		5,028.
Accounting-Vecinos Unidos		19,723.
Consultants-Vecinos Unidos		5,300.
Outside services-Vecinos Unidos		3,688.
Legal fees-Vecinos Unidos		163.
Program costs-Vecinos Unidos		7,058.
Rent-Vecinos Unidos		20,044.
Travel, mileage meals and lodging-Vecinos Unidos		31,861.
Utilities-Vecinos Unidos		1,105.
Total	\$	<u>458,283.</u>

Client HUERTADO

Dolores C. Huerta Foundation

91-2145992

**Code Note**

Contributions income-Vecinos Unidos	\$	352.
Grants received-Vecinos Unidos		60,000.
Total	\$	<u>60,352.</u>

**Code Note**

Cel phone expenses-Microlending	\$	75.
Subscriptions and dues-Microlending		300.
Workers compensation insurance-Microlending		508.
Miscellaneous-Microlending		38.
Office supplies-Microlending		42.
Payroll-Microlending		12,959.
Payroll taxes-Microlending		1,444.
Employee benefits-Microlending		1,498.
Retreats and training-Microlending		78.
Accounting-Microlending		392.
Consultants-Microlending		1,063.
Program expenses-Microlending		175.
Rent-Microlending		4,404.
Travel, mileage, meals and lodging-Microlending		1,144.
Total	\$	<u>24,120.</u>

**Code Note**

Donations-Microlending Program	\$	210.
Grant-Microlending Program		15,000.
Total	\$	<u>15,210.</u>

**Program Service Accomplishments****Expenses-Daughters of Tradition**

**Daughters of Tradition Program: Native American curriculum focuses on respect and making healthy decisions. Continued to provide weekly classes for young women 12-**

Food for meetings-Daughters of Tradition	\$	175.
Workers comp insurance-Daughters of Tradition		9.
Payroll-Daughters of Tradition		731.
Payroll taxes-Daughters of Tradition		208.
Rent-Daughters of Tradition		408.
Travel mileage and meals-Daughters of Tradition		328.
Total	\$	<u>1,859.</u>

**Program Service Accomplishments****Revenues-Daughters of Tradition**

**Daughters of Tradition Program: Native American curriculum focuses on respect and making healthy decisions. Continued to provide weekly classes for young women 12-**

Donations-individuals	\$	1,855.
Donations-corporate		500.
Total	\$	<u>2,355.</u>

Client HUERTADO

Dolores C. Huerta Foundation

91-2145992

**Code Note**

Advertising expenses-Other Programs (Arts Council etc)	\$	142.
Postage and delivery-Other Programs (Arts Council etc)		130.
Program expenses-Other Programs (Arts Council etc)		468.
Payroll-Other Programs (Arts Council etc)		1,963.
Payroll taxes-Other Programs (Arts Council etc)		152.
Benefit costs-Other Programs (Arts Council etc)		-9.
Travel, mileage, meals taxis-Other Programs (Arts Council et		695.
Total	\$	<u>3,541.</u>

**Code Note**

Grants - restriction released in year	\$	2,341.
Grant received - temporary restriction for program use		15,606.
Total	\$	<u>17,947.</u>

**Balance Sheet**  
**Grants receivable**

NALEO Grant-Get Out the Vote	\$	11,000.
Grant receivable - CRLA		17,500.
Total	\$	<u>28,500.</u>

**Balance Sheet**  
**Prepaid expenses and deferred charges**

Expense allowance advances	\$	776.
Refundable deposits		4,075.
Total	\$	<u>4,851.</u>

**Support Information (Sch A, II & III)**  
**Gross receipts from admissions, merchandise sold/services performed \***

Sales of promotional merchandise	\$	12,565.
Total	\$	<u>12,565.</u>

**Pol. Campaign & Lobbying Acts (Sch C)**  
**Filing organization's totals**

Printing costs	\$	77.
Total	\$	<u>77.</u>



2010

Federal Supporting Detail

Page 6

Client HUERTADO

Dolores C. Huerta Foundation

91-2145992

Pol. Campaign & Lobbying Acts (Sch C)  
Filing organization's totals

Printing costs	\$	78.
Signage		22.
Car rental		134.
Mileage		126.
Other travel costs		116.
Total	\$	<u>476.</u>

12/31/10

## 2010 Federal Book Depreciation Schedule

Page 1

Client HUERTADO

Dolores C. Huerta Foundation

91-2145992

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Arvin assets																
22	HP Invent laptop(Arvin)	1/14/09		699							699	140	S/L	5		140
Total Arvin assets																
Bakersfield office assets																
16	HP Laptop computer	1/14/09		699							699	140	S/L	5		140
17	2Computers&printers-Bkrstf	6/11/09		1,820							1,820	212	S/L	5		364
18	Laptop&case(Microleading)	7/28/09		450							450	38	S/L	5		90
19	Laptop&case(VecinosKern)1	7/28/09		447							447	37	S/L	5		89
20	Laptop&case(VecinosKern)2	7/28/09		447							447	37	S/L	5		89
21	Laptop&case(VecinosKern)3	7/28/09		447							447	37	S/L	5		89
29	Computer(N-CPLA)	7/21/10		1,699							1,699		S/L	5		142
30	Camera,case,lenses-Archiv	8/25/10		2,067							2,067		S/L	5		138
Total Bakersfield office assets																
				8,076		0	0	0	0	0	8,076	501				1,141
Fax/Printer/Copier																
1	Fax/Printer	3/11/03		390							390	390	S/L	5		0
4	Fax Printer - Desk Jet	4/22/04		250							250	250	S/L	5		0
9	Printer, Canon	11/17/06		244							244	151	S/L	5		49
15	Color laser printer	4/30/08		174							174	58	S/L	5		35
Total Fax/Printer/Copier																
				1,058		0	0	0	0	0	1,058	849				84

12/31/10

## 2010 Federal Book Depreciation Schedule

Page 2

Client HUERTADO

Dolores C. Huerta Foundation

91-2145992

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.	
Laptop Computer																	
2	Laptop	3/11/03		1,413							1,413	1,413	S/L	5		0	
3	Vanguard Cap. Grant- Comp	3/03/04		2,676							2,676	2,611	S/L	5		0	
10	Office supplies	11/17/06		750							750	463	S/L	5		150	
11	2 Compaq computers	10/10/07		528							528	238	S/L	5		106	
12	1 Compaq computer	10/10/07		264							264	119	S/L	5		53	
Total Laptop Computer				5,631		0	0	0	0	0	5,631	4,844					309
Office Furniture																	
5	Desk, work station	5/13/05		100							100	87	S/L	5		7	
6	Chairs, desk, table	5/31/05		249							249	217	S/L	5		21	
7	Office furniture	8/05/05		193							193	164	S/L	5		23	
8	Office furniture	10/12/05		432							432	355	S/L	5		65	
13	Desks, bookshelves	2/07/08		464							464	178	S/L	5		93	
14	Desks, bookshelves	2/07/08		565							565	217	S/L	5		113	
Total Office Furniture				2,003		0	0	0	0	0	2,003	1,218					322
Tulare office Furniture & Equipment																	
23	Computer (Tulare) #1	6/10/09		628							628	73	S/L	5		126	
24	Computer (Tulare) #2	6/10/09		628							628	73	S/L	5		126	
25	Computer (Tulare) #3	6/10/09		628							628	73	S/L	5		126	
26	Conference table	8/12/09		599							599	50	S/L	5		120	
27	Projector(Vecinos Tulare)	2/02/10		518							518		S/L	5		95	
28	Computer(Vecinos Tulare)	7/21/10		849							849		S/L	5		71	
Total Tulare office Furniture & Equi				3,850		0	0	0	0	0	3,850	269					664



**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	Dolores C. Huerta Foundation	91-2145992
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	PO Box 9189	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Bakersfield, CA 93389	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . **03**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Camila Chavez

Telephone No. ▶ (661) 322-3033 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

- ▶ ☒ calendar year 20 10 or  
▶ ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>	Name of exempt organization		Employer identification number
	Dolores C. Huerta Foundation		91-2145992
	Number, street, and room or suite number. If a P.O. box, see instructions		
	A.L. Nella and Company, LLP 1390 Market St., Suite 1004		
File by the extended due date for filing the return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	San Francisco, CA 94102		

Enter the Return code for the return that this application is for (file a separate application for each return)

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of Camila Chavez  
Telephone No. (661) 322-3033 FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15, 2011.
- 5 For calendar year 2010, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 7 State in detail why you need the extension Additional time is needed to verify certain information provided by third parties that is necessary for the preparation of an accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CPA Date 5/11/11

BAA FIFZ0502L 11/15/10 Form 8868 (Rev 1-2011)